| Interview Summary | Application No. | | Applicant(s) | |
|--|--|---------------------------------|---------------------------------------|-----------------------|
| | 09/912,049 | | REHBERGER ET AL. | |
| | Examiner | | Art Unit | |
| | Irene Marx | | 1651 | |
| All participants (applicant, applicant's representative, PTO | personnel): | | | |
| (1) <u>Irene Marx</u> . | (3) (4) | | | |
| (2) <u>Ms Eberle</u> . | (4) | | | |
| Date of Interview: 30 January 2004. | | | | |
| Type: a)⊠ Telephonic b)□ Video Conference c)□ Personal [copy given to: 1)□ applicant 2 | 2)⊡ applicant's repre | sentative |] | |
| Exhibit shown or demonstration conducted: d) Yes If Yes, brief description: | e)⊠ No. | | | |
| Claim(s) discussed: | | | | |
| Identification of prior art discussed: | | | | |
| Agreement with respect to the claims f) was reached. g |)⊠ was not reached. | . h)□ N | /A. | |
| Substance of Interview including description of the general reached, or any other comments: <u>Counsel indicated that the from a Budapest, Hungary depository and is attempting to pointed out that for consideration and assessment of any erecommended to present detailed evidence of any unsuccess.</u> | e inventor is experier contact the inventor c vidence the complete | ncing diffic of the doc | culties in obtaini ument directly. | ng a strain It was |
| (A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no callowable is available, a summary thereof must be attached | opy of the amendmer | | | |
| THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN ONE MONTH FROM THIS INTERVIEW DATE, OR FORM, WHICHEVER IS LATER, TO FILE A STATEMENT Summary of Record of Interview requirements on reverse significant control of the c | last Office action has THE MAILING DATE OF THE SUBSTANC | s already OF THIS E OF TH | been filed, APP S INTERVIEW S | LICANT IS UMMARY |
| | | | | |
| | · | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | 0 |
| | | | | |
| Examiner Note: You must sign this form unless it is an Attachment to a signed Office action. | Examin | er's signa | ature, if required | |
| | | | | |